



# Health Promotion and Prevention Initiatives (HPPI) InfoLink

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The HPPI Program is managed by the Directorate of Health Promotion and Wellness at the U.S. Army Center for Health Promotion and Preventive Medicine.

## IN THE SPOTLIGHT

### Tobacco cessation

#### Fast facts

- » The total annual costs of health problems associated with tobacco for TRICARE Prime enrollees include \$4 million for direct treatment of tobacco use and \$150 million for associated respiratory problems.
- » The average individual annual medical costs for tobacco use: Active Duty Soldiers = \$104; retirees/beneficiaries = \$321.
- » Direct medical costs for TRICARE Prime enrollees for tobacco, obesity, and alcohol use account for 16% of total TRICARE costs for this population.

(\*Source: Dall TM, et al, Cost associated with being overweight and with obesity, high alcohol consumption, and tobacco use within the Military Health System's TRICARE Prime-enrolled population. *American Journal of Health Promotion*. 2007;22(2):120-139. PubMed citation: <http://www.ncbi.nlm.gov/pubmed/18019889?>)

### HPPI tobacco cessation project comparison

A comparison of HPPI tobacco cessation projects was made regarding program lengths, targeted quit dates, number of program sessions offered beyond the quit dates, program locations, session content, use of pharmacotherapies, follow-up quit rate data, and participant satisfaction. As a result of these comparisons, group support and pharmacotherapy (nicotine replacement therapy and bupropion SR) were identified as critical elements for participant success. A summary of outcomes from this comparison is available at: <http://chppm-www.apgea.army.mil/dhpw/Population/TobaccoCessationProgramComparison.pdf>

In addition, four key guidelines for collecting tobacco cessation program outcomes data were drawn from the program comparison:

- » Collect the same data points from beginning to end.
- » Determine a data collection schedule.

*IN THE SPOTLIGHT continued...*

- » Keep the data organized.
- » Plan ahead with participants to collect follow-up data.
- » Use a reminder system to ensure follow-up occurs.

For DoD web-based support to assist Soldiers trying to quit, go to: <http://www.ucanquit2.org/>

## IDEAS FROM THE FIELD

- » Opportunities to provide education to Soldiers may be limited; however, early morning or late evening training has limited effectiveness.
- » Consider tracking reasons for tobacco use relapse in order to better tailor materials to your audience. Not all tobacco use relapse is directly related to deployment; most relapses are attributed to other reasons (i.e., family problems, weight gain).
- » Look for opportunities to make your health promotion programs more multi-disciplinary. Invite the dietitian to teach nutrition; ask behavioral health personnel to teach stress management.

## HEALTH PROMOTION RESOURCES

Economic facts about US tobacco use and tobacco production

[http://www.cdc.gov/tobacco/data\\_statistics/Factsheets/economic\\_facts.htm](http://www.cdc.gov/tobacco/data_statistics/Factsheets/economic_facts.htm)

## PROGRAM POINTERS

### *Using data to make good programming decisions*

Even if you haven't collected specific intervention outcome data, there is a wealth of information you can use in order to better plan/improve a health promotion program. Use the questions below to mine the information you have and make better programming decisions based on your community's needs.

#### Who?

- » Who is your target audience? How do you know who the target audience is?
- » Who participates in the health promotion programs now? Is there a target group that you're missing?

#### Why?

- » What is the prevalence of the health problem at your installation?
- » What is the specific purpose of the health promotion program?
- » What are the goals/objectives that can reasonably be achieved?

#### What?

- » What exactly are you going to do?
- » What has been successful in the past? What has been a dud in the past?
- » What needs to be changed to make more effective use of available resources?

#### When?

- » When are you going to offer the program?
- » What are the potential conflicts with other installation activities? What activities would work well to "piggy-back" with?
- » Which time of year has worked best/worst in the past?
- » What's the optimal length of time for the intervention, based on past programs?

#### How?

- » What partners will you use? What additional partners

*PROGRAM POINTERS continued...*

- » could enhance the program?
- » What data will you collect?
- » How will you collect and organize the data?

For practical application of process evaluation to tobacco cessation programs go to:

[http://www.cdc.gov/tobacco/tobacco\\_control\\_programs/surveillance\\_evaluation/process\\_evaluation/index.htm](http://www.cdc.gov/tobacco/tobacco_control_programs/surveillance_evaluation/process_evaluation/index.htm)

## DON'T REINVENT THE WHEEL

CDC Smoking and Health Resource Library (literature review database)

<http://apps.nccd.cdc.gov/shrl/QuickSearch.aspx>

CDC tobacco use resources (items can be ordered for free)

[http://apps.nccd.cdc.gov/osh\\_pub\\_catalog/PublicationList.aspx](http://apps.nccd.cdc.gov/osh_pub_catalog/PublicationList.aspx)

## HPPI NEWS and FAQs

Take advantage of these HPPI resources:

Program resources and outcomes data for health promotion functional areas:

<http://chppm-www.apgea.army.mil/dhpw/Population/HPPIFunction.aspx>

Health promotion program planning, implementation, and evaluation resources:

<http://chppm-www.apgea.army.mil/dhpw/Population/HEPPie.aspx>

For more information about the HPPI Program, go to:

<http://chppm-www.apgea.army.mil/dhpw/Population/HPPI.aspx>

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